**Performance**

**Report**

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| Name: | HART Services |
| Commission ID: | 200721 |
| Address: | 41 Conway Street, LISMORE, New South Wales, 2480 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 7042 Home Assistance and Regional Transport Services Incorporated  
Service: 26197 Home Assistance and Regional Transport Services Incorporated  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7890 Home Assistance & Regional Transport Services  
Service: 24555 Home Assistance & Regional Transport Services - Community and Home Support

**This performance report**

This performance report for HART Services (**the service**) has been prepared by E Blance, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 10 April 2024.
* Other information known by the Commission.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers and representatives said staff treat consumers with dignity and respect and support their cultural diversity. Staff speak about consumers in a respectful way. Staff demonstrated a person-centred focus which aligned with the services’ emphasis on treating consumers with respect.

Staff adapt care and services they deliver to ensure the consumer feel valued and safe. Consumers said staff understood their needs and preferences. Care plans reflected consumers’ individual cultural needs, including staffing preferences.

Consumers are supported to make their own decisions about the services they receive. Consumers are supported to make informed decisions about their care and services. Consumers described being consulted by the service in decision making.

Consumers and representatives said consumers are provided with information to make choices about risks they wished to take. Staff described supporting consumers to take risks however, documentation did not contain information about risks the consumers wished to take or mitigation strategies employed by the service to minimise the risk to consumers. I have considered information contained within the provider’s response in relation to effective risk management, as well as the responsiveness of the service in implementing improvement actions relating to the deficiencies identified. Impact to consumers was not identified and consumers provided positive feedback about how staff support them to take risks.

Consumers receive information in a way they can understand, enabling them to make informed choices. Monthly statements included details of funds spent from consumer’s packages. Consumers describe having the information they need to make decisions and information was easy to understand.

Consumers said their privacy is respected and confidentiality of their personal information is maintained. Staff described various ways they ensure a consumer’s privacy and confidentiality is upheld. The service’s electronic care management system is password protected to provide information security.

I have considered the information within the Quality Audit report as summarised, and the provider’s response, and I find this Standard is compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

Assessments identify risks, such as social isolation or mobility impairments, and the outcomes of assessments are used to inform the delivery of care and services. Consumers and representatives said consumers are receiving appropriate care and services, documentation contains consumer’s goals and needs, and the care and services provided to achieve consumer’s goals for care.

The Assessment Team brought forward information that while consumers’ current needs, goals and preferences are identified in relation to personal care and supports for daily living, the service is not ensuring assessment and planning includes advance care and end of life planning if the consumer wishes. The provider’s response included newly developed policies and procedures to guide assessment and planning to consider advance care and end of life planning where the consumer wishes. These policies and procedures are planned to be ratified by the Board and training has been scheduled for staff in May 2024. Review of documentation provided confirms advance care and end of life planning assessments have been introduced into updated care plans for consumers. I have considered that no impact to consumers was identified in relation to the deficiencies raised, and consumer’s feedback confirmed they feel they are receiving appropriate care and services. I am satisfied the service has proactively actioned improvements to assessment and planning processes and I find Requirement 2(3)(b) is compliant.

Consumers are involved in the planning and review of the services they receive. Staff work with the consumer and other organisations to meet the needs of the consumer. Including allied health professionals.

Consumers and representatives said the service contact them regularly to discuss the consumer’s care and services plan. Consumers are provided with their care and services plan following care plan reviews. Care staff have access to the consumers’ care plan via the service’s electronic care management system.

Consumer files are reviewed on an ongoing basis and when consumers’ needs change. Although care planning documentation is not consistently individualised and contains limited information to guide staff, care staff described care and services consistent with consumers’ needs, goals and preferences. I have considered this information in Requirement 2(3)(b). Consumer care planning documentation confirms regular contact with consumers/representatives and changes to services are made as required.

I have considered the information within the Quality Audit report as summarised, and the provider’s response, and I find this Standard is compliant.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

Consumers and representatives said personal and clinical care is appropriate and provided in a safe manner. Care documentation evidenced care provided is in line with best practice and optimises consumers’ health and well-being.

High impact high prevalence risks to consumers are generally managed in consultation with other health professionals. Staff could describe the main risks to consumers and the general risk mitigation strategies in place and consumers/representatives were satisfied with their care. While the service advised there is no clinical governance framework in place to inform staff and management about the procedures to be undertaken for identified high impact high prevalence risks, the Assessment Team identified the service has an awareness of the risks to consumers and has taken some action to minimise impacts. This has been further considered under Requirement 3(3)e and 8(3)(e). I have considered that staff were aware of the risks for consumers: consumers have not been impacted by the identified deficiencies; and consumers/representatives provided feedback that the service was providing appropriate care and services to manage their condition.

While the service did not have a formalised process for identifying the needs, goals and preference of consumers nearing the end of life, the service can refer consumers to allied health professionals, such as palliative care nurses for comfort cares. Staff provide support to consumers to transition into residential care and access appropriate supports and services to ensure their end of life needs are addressed, and their comfort is maximised when required.

Consumers and representatives said the service responds in a timely manner when deterioration in a consumer’s capacity is identified. Staff monitor the condition of each consumer and report any changes to management.

The Assessment Team brought forward information that while consumers said they are informed of the outcomes of assessment and planning, information to guide staff in the delivery of care and services was not consistently documented. The provider’s response provided evidence of policies and procedures which are designed to document consumers’ needs and preferences for the information of staff. The provider advised these documents have also been created for all other consumers at the service where required. The provider advised and documentation reviewed, identified care management plans for the named consumers within the Quality Audit report have been created to inform staff. The provider has advised further education is scheduled for staff. . I am satisfied the service have proactively actioned improvements to ensure outcomes of assessment and planning are appropriately documented, that feedback from consumers confirm they feel personal care and services is appropriate and provided in a safe manner, and I find Requirement 3(3)(e) is compliant.

Consumers and representatives said referral processes are timely and appropriate. Consumers have access to a medical officer and other health professionals when required. Care documentation demonstrated input from others is sought including medical officers and occupational therapists and their recommendations are incorporated into care plans.

Staff practice appropriate infection control and training records demonstrate staff are trained in infection control practices. Staff have access to infection control kits which include personal protective equipment and sanitation supplies. Staff have an awareness of antimicrobial stewardship and information is provided about appropriate antibiotic prescribing to consumers, when appropriate.

I have considered the information within the Quality Audit report as summarised, and the provider’s response, and I find this Standard is compliant.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers are satisfied with the services and supports they receive to help them maintain their quality of life and independence. Examples include assistance with washing clothes, meal preparation, transportation and help accessing and understanding shopping products.

Consumers and representatives reported the service provides a sense of purpose for consumers and the workforce provides emotional support by listening to the consumer and designing activities to meet consumers’ needs. Care staff will ask if a consumer is feeling okay and seek to understand their wellbeing to provide support.

Consumers confirmed the service is flexible in the delivery of their services, enabling the consumer to maintain their social networks and do things important to them. Consumer documentation and file notes confirm consumers have input to the services they receive including for community outings, connection with social workers and local indigenous community groups.

Information about consumers’ needs and preferences is shared within the service and with others involved in their care. Support workers receive notifications on their mobile device about consumers’ needs. Volunteers receive information about needs and preferences verbally from the transport coordinators. The service has relationships with community groups and communicate consumers’ needs with them frequently.

Consumers can access additional home supports from other organisations through their HCP. Management maintains contact details for organisations that may be useful for consumers, including organisations who provide home maintenance and modifications and meals. Recommendations are made by the service as required and the consumer engages services directly through self-management of their HCP.

Consumers and representatives provided positive feedback about the choices consumers have in relation to meal services. Some consumers receive support with preparing meals in their home and others engage the services of pre-prepared meal providers and self-manage these through their HCP.

Where equipment is provided for use in consumers’ homes, the equipment is suitable and meets the consumers’ needs and consumers reported a positive difference to their quality of life. The service provides transportation services through a fleet of vehicles. The vehicles were observed to be safe, suitable, clean and well-maintained.

I have considered the information within the Quality Audit report as summarised, and the provider’s response, and I find this Standard is compliant.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

The service has documented processes to guide staff in the collection and processing of consumer feedback. Most consumers and representatives advised they had never had cause to lodge a complaint but knew this could be done verbally, via paper forms or electronically with the assistance of a staff member.

Consumers and representatives were aware of external complaints and advocacy services, however, would prefer to manage any concerns or complaints directly with the service. Consumers are informed of the complaints process, the Commission, and external advocacy networks through the intake processes upon commencement with the service.

The service has documented processes in place for receiving and actioning feedback and complaints, including advising outcomes, and providing an apology. Consumers expressed confidence in the service responding appropriately and apologising when things go wrong.

Consumers said their feedback resulted in changes in care and services. Management uses feedback from consumers to drive continuous improvement. Feedback and incidents are recorded in the continuous improvement plan and are formally monitored for effectiveness.

I have considered the information within the Quality Audit report as summarised, and the provider’s response, and I find this Standard is compliant.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The workforce is planned to enable the delivery of safe and quality care and services. Consumers reported staff are not rushed and the service communicates well if there are any changes to their scheduled care and services. Management has contingency plans in place to replace staff when required. However, staff said there is not enough time for them to record all information about consumers’ condition, needs and preferences or changes in the electronic care management system. Management advised the Assessment Team extra time will be allocated to the staff to ensure identified deficiencies in information management is rectified. This is considered further in Requirement 3(3)(e). I have considered the information in other Standards and consumers report they are receiving appropriate care and service in a safe manner.

Consumers and representatives were complimentary of staff. They said staff are kind, caring and respectful to consumers. Staff were able to describe consumers’ backgrounds, culture, and identity. Management monitor staff interactions with consumers.

The workforce is competent, and members of the workforce have the qualifications to perform their roles effectively. Staff said they have the necessary skills to perform their role and are supported by management. Consumers and representatives said staff are well trained and meet the needs of consumers. Position descriptions guide staff in each role, care staff have relevant qualifications and other staff demonstrate competency during onboarding processes. First aid qualifications are undertaken by staff.

The service has processes for the recruitment, induction, and onboarding of staff, as well as ongoing mandatory training. Training topics are completed by relevant staff including for manual handling.

Systems are in place to regularly assess, monitor and review staff performance. Staff are regularly engaged in their professional development including opportunities to request specific training relevant to their role.

I have considered the information within the Quality Audit report as summarised, and the provider’s response, and I find this Standard is compliant.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

Consumers provide feedback on care and services and management demonstrated consumers are involved in the evaluation of care and services through inviting feedback via the newsletter, website, electronic mail, in person at any of the services’ offices or online. The service has established a consumer advisory body. Consumers considered the service is well run.

The Board meets quarterly and receives reports which informs the Board of feedback and complaints, incident and accident reporting, and other information. Identified governance matters are listed on the plan for continuous improvement for referral to, and consideration of, the Board. The organisation has a reconciliation plan and committee to support care and services provided to the indigenous cohort of consumers. The Board undertakes project work with local university networks to explore how clinical and indigenous frameworks integrate with the Quality Standards.

The Assessment Team brought forward information that while the organisation demonstrated it has effective governance systems in place relating to continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints, the information management system for recording and sharing consumers’ information was not effective, and information about the service’s provision of clinical care was conflicting. The provider’s response included a brief statement referring to information provided in relation to the identified deficiencies across the Quality Audit report. I have considered the information within the provider’s response and the organisation has advised further education for staff has been scheduled. I am satisfied the service have proactively actioned improvements to the governance systems and processes and I find Requirement (8)(3)(c) compliant.

The Assessment Team brought forward information the organisation’s risk management systems did not effectively record the risks and risk mitigation strategies associated with the care of the consumer to guide the delivery of effective and safe care and services. The provider’s response included updated policies and procedures to improve management of high impact high prevalence risks for consumers as well as supporting evidence to demonstrate actions taken to mitigate risk for consumers including those named within the Quality Audit report. I have considered that no impact has been caused to consumers in relation to the deficiencies raised, the organisation has advised in addition to changes to documents, management will ensure verbal conversations with clients regarding risk, and the outcomes of these conversations, are recorded within the service’s electronic care management systems to support staff, and evidence in the Quality Audit report evidences that the service’s plan for continuous improvement includes risk management improvements. I am satisfied the service have proactively actioned improvements to the governance systems and processes and I find Requirement 8(3)(d) is compliant.

The Assessment Team brought forward information the organisation does not have a comprehensive contemporary clinical governance framework in place. The provider’s response included evidence of a newly developed clinical governance policy and procedure as well as an open disclosure policy and procedure. I have considered that while the service did not have a clinical governance framework in place at the time of the Quality Audit, I have considered that staff were aware of the risks for consumers: consumers have not been impacted by the identified deficiencies; and consumers provided feedback that the service was providing appropriate care and services to manage their condition in consultation with others including allied health professionals and medical officers. I am satisfied the organisation has taken proactive actions to rectify deficiencies identified. I find Requirement 8(3)(e) compliant.

I have considered the information within the Quality Audit report as summarised, and the provider’s response, and I find this Standard is compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)